Please type a plus sign (+) inside this box ⊞

PTO/SB/05 (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-37332
First Inventor	Alexis P. Bernard
Title	MIDDLE-END SOLUTION TO ROBUST SPEECH RECOGNITION
Express Mail Label No.	ER668850320US

APPLICATION ELEMENTS
See MPEP chapter 600 concerning utility patent application contents

ADDRESS TO:
Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA, 22313-1450

1. [X] **Fee Transmittal Form** (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)

2. [ ] **Applicant claims small entity status.**
See 37 CFR 1.27.

3. [X] **Specification** [*Total Pages* **13**]
(preferred arrangement set forth below)
- Descriptive title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table,
  or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings *(if filed)*
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

4. [X] **Drawing(s)** *(35 U.S.C. 113)* [*Total Sheets* **1**]

5. **Oath or Declaration** unsigned [*Total Pages* **1**]

   a. [X] Newly Executed (original or copy)

   b. [ ] Copy from a prior application (37 CFR 1.63(d))
   (for continuation/divisional with Box 18 completed)

   i. [ ] **DELETION OF INVENTOR(S)**
   Signed statement attached deleting inventor(s)
   named in the prior application, see 37 CFR
   1.63(d)(2) and 1.33(b).

6. [ ] **Application Data Sheet.** See 37 CFR 1.76

7. [ ] **CD-ROM or CD-R** in duplicate, large table or Computer Program *(Appendix)*

8. **Nucleotide and/or Amino Acid Sequence Submission**
(if applicable, all necessary)

   a. [ ] Computer Readable Form (CRF)

   b. Specification Sequence Listing on:

   i. [ ] CD-ROM or CD-R (2 copies); or

   ii. [ ] paper

   c. [ ] Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. [ ] Assignment Papers (cover sheet & documents(s))

10. [ ] 37 CFR 3.73(b) Statement *(when there is an assignee)*   [X] Power of Attorney

11. [ ] English Translation Document *(if applicable)*

12. [ ] Information Disclosure Statement (IDS)/PTO-1449   [ ] Copies of IDS Citations

13. [ ] Preliminary Amendment

14. [X] Return Receipt Postcard (MPEP 503) *(Should be specifically itemized)*

15. [ ] Certified Copy of Priority Document(s) *(if foreign priority is claimed)*

16. [ ] Request and Certification under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.

17. [ ] Other:

18. If a CONTINUING APPLICATION, *check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:*

[ ] Continuation   [ ] Divisional   [ ] Continuation-in-part (CIP)   of prior application No: _____ / _____

Prior application information: Examiner _____   Group / Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS
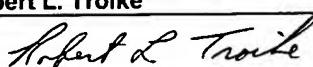
[ ] Customer Number or Bar Code Label

23494
(Insert Customer No. or Attach bar code label here)

or [X] Correspondence address below

NAME	Texas Instruments Incorporated		
ADDRESS			
CITY		STATE	TX
COUNTRY		TELEPHONE (301) 259-2089	FAX (301) 259-2603

ZIP CODE

Name (Print/Type)	Robert L. Troike	*Registration No. (Attorney/Agent)*	**Reg. No. 24,183**
Signature	*Robert L. Troike*	*Date*	4/13/04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/17 (1/98)
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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
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FEE TRANSMITTAL
for FY 2003

Express Mailing Label No.: ER 668850320US

TOTAL AMOUNT OF PAYMENT ($) 770.00

Complete If Known	
Application Number	TBD
Filing Date	Herewith
First Named Inventor	Alexis Pascal Bernard
Examiner Name	TBD
Group / Art Unit	TBD
Attorney Docket No.	TI-37332

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge to the following Deposit Account,

Deposit Account Number: **20-0668**

Deposit Account Name: **Texas Instruments Incorporated**

☒ Charge any additional fee required or credit any overpayment

☐ Charge all indicated fees and any additional fee required or credit any overpayment

2. ☐ **Payment Enclosed:**

☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Fee Code	Entity Fee ($)	Small Fee Code	Entity Fee ($)	Fee Description	Fee Paid
1001	750	2001	370	Utility filing fee	$770
1002	330	2002	165	Design filing fee	$
1003	510	2003	255	Plant filing fee	$
1004	740	2004	370	Reissue filing fee	$
1005	160	2005	80	Provisional filing fee	$
				SUBTOTAL (1)	($)770

2. EXTRA CLAIM FEES

	Extra Claims		Fee from below		Fee Paid
Total Claims	12	-20**=	0	x 18 =	0
Independent Claims	2	-3** =	0	x 86 =	0
Multiple Dependent			290	=	

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee ($)	Small Fee Code	Entity Fee ($)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent Claims in excess of 3
1203	280	2203	140	Multiple dependent claims in excess of 3
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
			SUBTOTAL (2)	($)0

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee ($)	Small Fee Code	Entity Fee ($)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	400	2252	200	Extension of time within second month	
1253	920	2253	460	Extension of time within third month	
1254	1,440	2254	720	Extension of time within fourth month	
1255	1,960	2255	980	Extension of time within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a pubic use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,280	2453	640	Petition to revive - unintentional	
1501	1,280	2501	640	Utility issue fee (or reissue)	
1502	460	2502	230	Design issue fee	
1503	620	2503	310	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1801	740	2801	370	Request for Continued Examination (RCE)	
1806	180	1806	180	Submission of Information Disclosure Stmt.	
8021	40	8021	40	Recording each patent assignment per property (time number of properties)	
1809	740	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	740	2801	370	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3): 0

SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	Robert L. Troike	Reg. Number	24,183
Signature	*Robert L. Troike*	Date 4/13/04	Deposit Account User ID